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ABSTRACT

A description of "barefoct doctors" in the People's Republic of China is presented. These peasant doctors are commune workers who have taken basic courses in medical treatment. Because 80% of the population lives in a rural agricultural setting, and because most doctors and medical services are located in cities, there is a serious need for medical personnel in the rural areas of the country. After Chairman Mao declared in 1965 that emphasis in medical and health work should be stressed in rural areas, preparation of "barefoot doctors" began. They are selected by fellow commune workers on the basis of intelligence, educational level, desire to become doctors, and will to serve the commune. They can be of any age or sex. All undergo three to six months formal training in either a commune hospital, agricultural college, or medical college. This is followed by on the job training. Courses include anatomy, physiology, pathology, acupuncture, and medicinal herbs. Basic responsibilities are environmental sanitation and preventive medicine. They supervise collection, treatment, storage, and use of human excrement for fertilizer; spraying of pesticides; and storage of drinking water. They dispense first aid, immunizations, and health examinations; and decide when a person should be sent to the commune hospital. (Author/AV)

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BAREFOOT-DOCTORS

by
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PREFACE

Drawing heavily upon official sources published in The People's Republic of China, Joel Perez places the development of the "barefoot doctor" in the context of two major milestones in health work in the P.R.C., the broad guidelines established by the National Health Congress in August 1950 and Mao Tse-tung's June 26, 1965 Directive which criticized the discrepancy between the quality of health care in the cities and the rural areas (with 90% of China's vast population), and which sounded the call: "In medical and health work, put the stress on the rural areas."

The "barefoot doctor" is a unique feature of medical and health care in The People's Republic of China. Joel Perez presents a concise introduction to their training and function, including an explanation of the orgin of the phrase "barefoot doctor" which has been applied to these rural para-medical workers who serve at the grass roots level of China's vast program of prevention of illness and medical and health care system.

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Probably one of the most important, innovative, and provacative teaching theories is being used to train and select "barefoot-doctors" in China. About eighty percent of the Chinese people live in a rural agricultural setting. (approximately 600million people). Prior to liberation, a lack of public hygiene, constant outbreaks of different diseases, and parasitic problems killed a large number of the Chinese people. Hospitals, doctors, and medical services which were very scarce, were located in the cities mainly and were available only to the wealthy who could afford them.

Shortly after liberation, China's first National Health Congress established the following guidelines: (August 1950)

1. Health care should primarily serve the masses of the laboring people, the workers, the peasants, and the soldiers.
2. The emphasis should be placed on preventive medicine.
3. There should be close unity between the traditional and modern doctors.
4. Whenever possible, health work should be conducted by mass campaigns with active participation of medical workers.

However, it was not until Chairman Mao Tse-Tung's June 26, 1965 directive; "In medical and health work, put the stress on the rural areas.", that the peasants in the rural areas began receiving medical services. Prior to the directive only a few country hospitals were established setting up epidemic prevention centers, and communes and brigades set up only

simple medical organizations. Liu Shao-Chi's revisionist line was putting the stress on the cities and ignoring the countryside in public health. Medical setups in the brigades were shut down and commune clinics became private clinics of a few doctors. The best doctors were concentrated in county and higher level hospitals where they "specialized" in difficult cases. The rural areas were going back to the old situation of a few doctors without enough medicine.

Medical schools since liberation were unable to meet the need for doctors especially in a developing country like China. Training thousands of "barefoot-doctors" therefore became very important to improving medical and health work in the countryside. During the cultural revolution in 1966, the People's Liberation Army had organized more than 60,000 medical teams made up of half a million medical workers to tour the countryside. They treated 75 million peasants and helped 29,000 production brigades set up or improve further their co-operative medical service, and train 770,000 "barefoot doctors" and health workers. Peking health departments sent out more than 15,000 medical and health workers in over 300 mobile teams touring mountainous areas and the countryside. Many medical workers, including doctors, settled in in the border areas and villages to help carry on the revolution in medical and health work.

A shift of emphasis from urban to rural health care gives the Chinese authorities the realization that the country as a whole is agriculturally based. Therefore,

they must have a long range rural based health care plan. However, there was an immediate extreme shortage of medical personnel in these areas. To change the shortage of medical workers in the remote mountainous areas and the minority areas, China's educational system was revised. In medicine this meant reducing the number of courses taken, and reducing the length of schooling required.

Rural populations had a history of being severely shorted in medical personnel. Agricultural workers are being trained to help meet the needs of the countryside medically. These workers are trained in basic medical procedures and then return to serve their home areas.

The "barefoot doctor" or peasant doctor is a commune worker who has taken basic courses in medical treatment. He or she gives medical treatment without leaving productive work. The name originated in the south where these peasants work barefoot in the rice paddies. They should not be confused with regularly trained docrots, since they are considered peasants rather than health workers in statistics.

The responsibilities of a "barefoot-doctor" vary from region to region, and commune to commune, but on the whole they do the same basic functions. A woman Tibetan "barefoot-doctor" performs basically the same functions as a southwest "barefoot doctor" even though one is on a herding production team and the other on a grain producing production team respectively. They are responsible for environmental sanitation which means that they supervise the proper col-

lection, treatment, storage, and use of human excrement for fertilizer, the spraying of pesticides to kill harmful insects such as flies, snails, and cockroaches, and the proper storage of drinking water. On the preventive side, the barefoot doctor is responsible for health education, immunization, first aid, regular health examinations, and post-illness follow-ups. Health education has almost eradicated venereal disease. Immunization has helped to control the spread of small pox, measles, and other dangerous diseases.

A "barefoot doctor" works in the field; therefore he is readily available for medical emergencies. He determines whether a patient should go to a commune hospital or not. An example of this responsibility occurs when a peasant in the fields has a pain in the stomach. The peasant doctor may decide it is a stomach spam and not appendicitis and would give him medicine without sending him to the hospital. It should be remembered that the barefoot-doctor may only give treatment for minor and common diseases. A typical peasant doctor's medical bag will consist of traditional Chinese herbs, and such things as aspirin, antacids, and penicillin, showing the unity between traditional Chinese medicine and modern Western medicine.

Selection of "barefoot-doctors" is very different from Western norms. They are chosen by their fellow peasants on the production team. Usually they are young peasants around twenty years of age and can be either male or female. Usually, they are picked for their intelligence, educational level,

(junior middle school), desire to become doctors, and especially their unselfish attitude to serve the commune.

Training of the "barefoot-doctor" varies from place to place in China. This is usally due to the fact that they train during slack times in their production brigades. For instance; a "barefoot-doctor" who is in a grain production team will be busy during planting and harvesting time but have time to train during the growing season. A Tibetan herdsman who is a "barefoot-doctor" may have a shorter slack period. Basically, they all have a three to six months period of formal training either in a commune hospital, county hospital, agricultural college, or even a medical college. The studies include basic theoritical subjects such as, anatomy, physiology, and pathology, as well as traditional Chinese medicine such as acupuncture and medicinal herbs. This is followed by on-the-job training in a commune which may consist of identifying contaminated water, eggs or worm parasites in excretion, learning how to diagnose common diseases and stop the spreading of them, which is a combination of theory and practice.

"Barefoot-doctors" are taught to "put prevention first." This is the reason for regular health examinations, mass drives for environmental sanitation, immunizations, and post-illness follow-up. All these precautions help prevent the spread of infectious diseases and stopping epidemics.

Treatment given by "barefoot-doctors" is very limited in surgical and general medicine. Their basic function is en-

vironmental sanitation and preventive medicine. They handle routine medical problems like minor cuts, stomach aches, and the sort. Patients with serious problems are sent to the commune hospital. However, many "barefoot-doctors" have saved lives in emergencies. One peasant doctor saved the life of a baby with a high fever. She stayed up with the baby all night giving him medicine. The next day the fever broke. Another example was the "barefoot-doctor" who saved a man from bleeding to death by suturing the wound.

A "barefoot-doctor" is similar to a "worker-doctor" of the factories and the "neighborhood health worker" of the urban areas. The "worker-doctor" of the factories looks after 35-50 workers. He makes sure they are up-to-date on immunizations, prevents the spread of infections, and treats common illnesses like a stomach ache, headache, and helps doctors in emergencies. The "neighborhood health worker" is concerned with immunizations, sanitation, public hygiene, (Giving out birth control information), and preventing disease. Basically all these categories are alike. However, a "barefoot-doctor" is trained more than the usual two weeks of the others and performs many more functions.

Many communes are trying to organize their workers to form a co-operative medical system. Each commune member would pay a small annual premium, usually one yuan, ($.50), and his production brigade would allot part of its public welfare funds to cover the medical fees of commune members. Treatment is free or partially free depending on the brigade's

finances. This accomplishes "Medicine and Health for the Masses."

The short term objective of a "barefoot-doctor" is to solve the immediate shortage of health care workers in rural areas. Peasant-doctors have helped remedy the unavailability of doctors, drugs, and facilities in the countryside. They have helped give medical treatment to the masses. The long term aim is to improve the quality and quantity of paramedical personnel, and also expand and improve medical facilities at the communes and production brigades.

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